

## **HSC Children's Behavioral Health Sub-Workgroup Draft Recommendations**

### **Background**

The Children's Behavioral Health Sub-Workgroup has spent the past several months focusing on the system of services for at-risk children and youth with significant behavioral health problems/challenges. There was general agreement among Sub-Workgroup participants that too often children and youth and their families find the current system fragmented, lacking coordination and flexibility, and difficult to access and navigate.

There was general agreement among participants that, when community-based services are not adequate to maintain children and youth in their home, they can cycle in and out of psychiatric hospitalizations or stay in long-term residential placements. In a worst case scenario, children and youth can become involved in the juvenile justice system. Any out of home care, although often necessary, is expensive. Participants believed that efforts to treat children and youth in their homes and communities can result in significant cost reductions as long as safety can be maintained.

### **Recommendations**

#### **1. Adopt a "System of Care" Framework**

The Children's Behavioral Health Sub-Workgroup proposes that Illinois realign the philosophy, service delivery system, organization, and financing of the public children's behavioral health service system to bring it in line with a Systems of Care framework (*see appendix*). By adopting a Systems of Care framework, Illinois will close system gaps and remove existing system challenges by empowering families and youth to actively engage in their own treatment needs. The Sub-Workgroup's vision of a Systems of Care philosophy involves a broad array of community-based services and supports for children and youth requiring behavioral health services.

#### **2. Create a Specific Initiative within the Illinois Children's Mental Health Partnership (ICHMP)**

The Sub-Workgroup recommends that the system reform planning effort be delegated and transitioned to the ICMHP as a specific initiative with the necessary changes to their membership and bylaws to support the work. The ICMHP mandates align with the reform work being proposed, and the ICHMP's membership includes many, but not all, of the recommended leaders needed to undertake the reform work.

#### **3. Role of State Agencies in Further Work**

The Sub-Workgroup believes that it is important to have effective leadership and coordination among state agencies, specifically the Department of Human Services (DHS) – including the divisions of Mental Health (DMH), Developmental Disabilities and Alcoholism, and Substance Abuse – the Department of Healthcare and Family Services (HFS), the Department of Children and Family Services (DCFS), the Department of Juvenile Justice (DJJ), and the Illinois State Board of Education (ISBE).

The Sub-Workgroup further recommends that the Division of Mental Health Child and Adolescent Division be specifically charged with supporting system reform by providing leadership to a multi-system workgroup to continue the system reform planning being done by the Human Service Commission Sub-Workgroup on children's behavioral health by:

- Providing recommendations for clinical services and on the standards of care through policy development;
- Providing guidelines for how the Child and Adolescent Mental Health System will be monitored for quality assurance consistent with Systems of Care principles and values; and
- In collaboration with HFS, convening a workgroup to develop and the process for moving towards a care coordination model for service delivery.

To carry out these tasks, it is also recommended that the Division receive adequate staffing and resource supports. As part of the multi-system workgroup to be convened by the ICMHP, the Sub-Workgroup supports including representation from families of children and youth with severe behavioral problems who are not affiliated with state agencies.

#### **4. Improving Care Coordination**

The Sub-Workgroup recommends development of 1) a plan to research and make recommendations on standards for care coordination designed to integrate and organize services for children and youth and their families across systems, and 2) process for developing a care coordination model children and youth with serious emotional and behavioral problems.

Care coordination should connect children and youth who have complex, multi-system behavioral health care and social needs to providers, facilitate communication among the providers, and track their care and outcomes over time. If successful, care coordination holds the potential for reducing visits to emergency rooms and hospital stays by making sure that children and youth get appropriate, coordinated treatment in the community.

#### **5. Study the Adequacy of the Current Service Continuum**

The Sub-Workgroup recommends an analysis of the current mental health treatment options and their accessibility. Further study is also needed on whether the service continuum, rules or protocols can be strengthened to provide a broad array of services and supports that are reflective of the community strengths, needs, and capacity. This would include the development of a protocol and training for providers and stakeholders to implement early intervention services consistent with current Rule 132.

Within the Sub-Workgroup, there was some disagreement about the adequacy of home- and community-based services and whether the levels of utilization of psychiatric hospitalization and residential care for this population are appropriate. As part of our work, we must explore whether or not there is an adequate continuum of available and accessible services. If there is not, we should investigate possible systemic barriers there may be to establishing a more robust continuum.

## **Appendix – System of Care Values and Principles<sup>1</sup>**

### **Definition**

***A system of care is:*** A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

### **Core Values**

#### ***Systems of care are:***

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided;
2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level; and
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports.

### **Guiding Principles**

#### ***Systems of care are designed to:***

1. Ensure availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and supports for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services as well as informal and natural supports;
2. Provide individualized services in accordance with the unique potential and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family;
3. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate;
4. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and Nation;
5. Ensure cross-system collaboration, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management;
6. Provide care management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs;
7. Provide developmentally appropriate mental health services and supports that promote optimal social and emotional outcomes for young children and their families in their homes and community settings;

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<sup>1</sup> Excerpted from: Stroul, B. A., & Friedman, R. M. (2011). *Effective strategies for expanding the system of care approach. A report on the study of strategies for expanding systems of care.* Atlanta, GA: ICF Macro. Pg. 2-3.

8. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult-service system as needed;
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents;
10. Incorporate continuous accountability mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level;
11. Protect the rights of children, youth, and families and promote effective advocacy efforts; and
12. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; services should be sensitive and responsive to these differences.